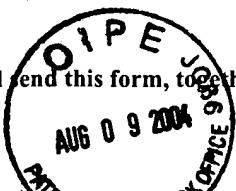


## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or Fax (703) 746-4000



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

21186 7590 05/06/2004

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.  
 P.O. BOX 2938  
 MINNEAPOLIS, MN 55402

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Lynne Mitchell-Becker	(Depositor's name)
Lynne Mitchell-Becker	(Signature)
8/6/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/884,434	06/19/2001	Rudy A. Mazzocchi	723.020US1	9942

TITLE OF INVENTION: SYSTEM AND METHOD OF MINIMALLY-INVASIVE EXOVASCULAR ANEURYSM TREATMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665 1330.00	\$300	\$965	08/06/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
PEFFLEY, MICHAEL F	3739	606-057000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. \_\_\_\_\_  
 2. **Schwegman, Lundberg,**  
 3. **Woessner & Kluth, P.A.**

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Image-Guided Neurologics Melbourne, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

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- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

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- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

*S. A. [Signature]* August 6, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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08/10/2004 MMEKONE1 00000168 09884434

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02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Rudy A. Mazzocchi et al.

Title: SYSTEM AND METHOD OF MINIMALLY-INVASIVE EXOVASCULAR ANEURYSM TREATMENT

Docket No.: 723.020US1

Filed: June 19, 2001

Examiner: Michael Peffley

Customer No.: 21186

Serial No.: 09/884,434

Due Date: August 6, 2004

Group Art Unit: 3739

Confirmation No.: 9942

Commissioner for Patents

Attn: MAIL STOP ISSUE FEE

P.O. Box 1450

Alexandria, VA 22313-1450

**Notice of Allowance Date:**

May 6, 2004

We are transmitting herewith the attached:

☒ A check in the amount \$ 1330.00 to cover the Large Entity Issue Fee Payment.

☒ A check in the amount \$ 30.00 to cover the Extra Patent Copies Fee (10 copies).

☒ Issue Fee Transmittal (Form PTOL-85).

☒ A check in the amount \$ 300.00 to cover the Publication Fee Payment.

☒ A return postcard.

Please charge any additional required fees for the Issue Fee Payment or credit overpayment to Deposit Account No. 19-0743.

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

Customer Number: 21186

By

Suneel Arora

Reg. No. 42,267

SA:CMG:lam

**CERTIFICATE UNDER 37 CFR 1.8:** The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, Attn - MAIL STOP ISSUE FEE, P.O. Box 1450, Alexandria, VA 22313-1450, on this 6 day of August, 2004.

Lynne Mitchell-Becker  
Name

Lynne Mitchell-Becker  
Signature